

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10029</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>C</u> <u>Hofmann</u> P.O. Box, Bldg., Room No., if any Street <u>164-11 99th Street</u> City <u>Howard Beach</u> State <u>New York</u> ZIP Code + 4 <u>11414</u>	4. Name, file number, and address of labor organization. Name <u>Asbestos Workers Local 12</u> Labor Organization File Number <u>005023</u> P.O. Box, Building and Room Number, if any Street <u>25-19 43rd Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101-4208</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Mechanical Insulation Inc.</u> Trade Name, if any: <u>Insulation Contractor</u> P.O. Box, Bldg., Room No., if any Street <u>38-23 54th Street</u> City <u>Woodside</u> State <u>New York</u> ZIP Code + 4 <u>11377</u>	7.a. Nature of Interest, Transaction, or Income. <u>Liquor Christmas Holiday</u> 7.b. Amount. <u>\$20</u>

Signature William C Hofmann

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William C Hofmann</u>	On <u>08/09/2005</u> Date	<u>718-322-4190</u> Telephone Number

Name of Person Filing William Hofmann	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Local 12 Welfare Fund</p> <p>Trade Name, if any: Asbestos Workers Local 12</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25-19 43rd Avenue</p> <p>City Long Island City</p> <p>State New York ZIP Code + 4 11101-4208</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Colleran O'Hara &amp; Mills LLP</p> <p>Trade Name, if any: Labor Law Attorney</p> <p>P.O. Box, Bldg., Room No., if any Suite 450</p> <p>Street 1225 Franklin Avenue</p> <p>City Garden City</p> <p>State New York ZIP Code + 4 11530</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Representation for Union Trust Funds</p>
	<p>11.b. Approximate dollar value of such dealing. \$72,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>CIP Conference Dinner Meeting with Spouse \$212</p> <p>Annual Colleran O'hara Mills Golf Outing \$302</p> <p>Fleece Jacket \$47</p> <p>NY Mets Baseball Tickets (2) \$50</p> <p>Annual Holiday Dinner with Spouse \$296</p>
	<p>12.b. Amount. \$907</p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>William Hofmann</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Asbestos Workers Local 12 Welfare Fund</b></p> <p>Trade Name, if any: <b>Asbestos Workers Local 12</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>25-19 43rd Avenue</b></p> <p>City <b>Long Island City</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>11101-4208</b></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>J &amp; W Selligman and Company Inc.</b></p> <p>Trade Name, if any: <b>Investment Advisor Services</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>100 Park Avenue</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10017</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Pension Trust Fund Investment Representation</b></p>
	<p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$31,000,000</b></span></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Picture frame by Coach, Christmas Holiday \$75.00</b>  <b>Constr. Indus. Partnership Dinner w/Spouse \$240.00</b></p>
	<p><b>12.b. Amount.</b> <span style="float: right;"><b>\$315</b></span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14.a. Nature of payment.</b></p>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p>

Name of Person Filing <b>William Hofmann</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Asbestos Workers Local 12 Welfare Fund</b></p> <p>Trade Name, if any: <b>Asbestos Workers Local 12</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>25-19 43rd Avenue</b></p> <p>City <b>Long Island City</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>11101-4208</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>MacKay Shields Investment</b></p> <p>Trade Name, if any: <b>Investment Services</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>9 West 57th Street</b></p> <p>City <b>New York</b></p> <p>State <b>New York</b> ZIP Code + 4 <b>10019</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Annuity Trust Fund Investment Representation</b></p>
	<p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$65,000,000</b></span></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>Constr. Indus. Partnership Dinner w/Spouse \$240.00</b>  <b>NY Knicks Basketball Tickets (2) \$50.00 ea</b>  <b>Annual Holiday Party \$100.00</b></p>
	<p>12.b. Amount. <span style="float: right;"><b>\$440</b></span></p>

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Local 12 Welfare Fund</p> <p>Trade Name, if any: Asbestos Workers Local 12</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 25-19 43rd Avenue</p> <p>City Long Island City</p> <p>State New York ZIP Code + 4 11101-4208</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name N Y Life Investment Mgmt Retirement Plan Svc</p> <p>Trade Name, if any: Investment Management Services</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 846 University Avenue</p> <p>City Norwood</p> <p>State Massachusetts ZIP Code + 4 02062</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Management for Local 12 Trust Funds</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$65,000,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Pre Trustee Lunch Meeting \$70.00</p> <hr/> <p>12.b. Amount. \$70</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing William Hofmann

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local 12 Welfare Fund

Trade Name, if any: Asbestos Workers Local 12

P.O. Box, Bldg., Room No., if any

Street 25-19 43rd Avenue

City Long Island City

State New York ZIP Code + 4 11101-4208

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Reynolds Securities Inc.

Trade Name, if any: Investment Advisor

P.O. Box, Bldg., Room No., if any

Street 45 Broadway

City New York

State New York ZIP Code + 4 10006

11.a. Nature of such dealing.

Investment Analysis Advice for Local 12 Trust Funds

11.b. Approximate dollar value of such dealing.

\$38,100

12.a. Nature of interest held or income received.

All Inclusive Fishing Trip with Transportation to Boat, Breakfast and Lunch \$300.00

12.b. Amount.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.